

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-89)

SERIAL NO.

588195

APPLICATION

FILING DATE  
6-6-00

CLAIMS

	AS FILED		AFTER SEARCH/EXAMINER		AFTER SEARCH/EXAMINER							
	KNO.	OEP.	KNO.	OEP.	KNO.	OEP.						
1	1						61					
2		1					62					
3							63					
4							64					
5							65					
6							66	1				
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13	1						74					
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32							94					
33	1						95					
34							96					
35							97					
36							98					
36							99					
37							100					
38		1										
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49												
50	1											

12/02/02

12/02/02